

Attorney Docket No.: NVID-061/00US
Client Reference No.: P000732

PATENT

Express Mail Label Number: **EV 316173695US**
Date of Deposit: **October 21, 2003**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of Michael M. KLOCK, et al.

Serial No.: Not assigned Examiner: Not assigned
Filed: Herewith Art Unit: Not assigned

For: **METHOD, APPARATUS, SYSTEM, AND GRAPHICAL USER INTERFACE FOR
SELECTING OVERCLOCKING PARAMETERS OF A GRAPHICS SYSTEM**

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NONPUBLICATION REQUEST – 37 C.F.R. §1.213

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. §122(b).

Dated: 10/21/03

Cooley Godward LLP
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Respectfully submitted,
COOLEY GODWARD LLP

By: Edward A. Van Gieson
Reg. No. 44,386

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UTILITY PATENT APPLICATION TRANSMITTAL

Transmitted herewith for filing is a U.S. Non-Provisional Utility Patent Application entitled:

**METHOD, APPARATUS, SYSTEM, AND GRAPHICAL USER INTERFACE FOR
SELECTING OVERCLOCKING PARAMETERS OF A GRAPHICS SYSTEM**

naming as inventors: **Michael M. KLOCK**
Jeffrey M. SMITH
Satish D. SALIAN
Kevin J. KRANZUSCH

and including:

- ☒ (10) pages of description (before the claims);
- ☒ (6) pages of claims ((32) total claims; (7) independent claims);
- ☒ One (1) Sheet of Abstract;
- ☒ (8) sheets of drawing(s) including Figures 1 to 8.

1. Also enclosed are:

- ☒ Executed Declaration and Power to Prosecute (two sets)
- ☒ Nonpublication Request and Certification
- ☒ Information Disclosure Statement Transmittal, Information Disclosure Statement, and Form PTO/SB/08A
- ☒ Assignment (2 sets) and Assignment Recordation Cover Sheet
- ☒ Check in the amount of \$1,330.00 for the total fee as calculated below
- ☒ Return receipt postcard
- ☐ Preliminary Amendment
- ☐ Other:

2. The filing fee has been calculated as follows:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Basic Application Fee					\$770.00
Total Claims	32	- 20 =	12	x \$18.00	\$216.00
Independent Claims	7	- 3 =	4	x \$86.00	\$344.00
If multiple dependent claims are presented, add \$290.00					
Total Application Fee					\$1,330.00
If an Assertion of Entitlement to Small Entity Status is enclosed, subtract 50% of Total Application Fee					
Other fees:					
TOTAL FEE DUE					1,330.00

☒ The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 03-3117.

3. Please direct all correspondence concerning this application to:

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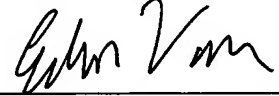
CUSTOMER NUMBER: **23419**

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